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CONFIRMATION NO. 2636

| SERIAL NUMBER<br>10/784,537   | FILING OR 371(c)<br>DATE<br>02/23/2004<br>RULE  | CLASS<br>530                      | GROUP ART UNIT<br>1648   | ATTORNEY<br>DOCKET NO.<br>UTSC:872US |
|---|---|-----------------------------------|--|--------------------------------------|
| <b>APPLICANTS</b><br>Wadih Arap, Houston, TX;<br>Renata Pasqualini, Houston, TX;  |   |                                   |  |                                      |
| <b>** CONTINUING DATA *****</b><br>This application is a CIP of PCT/US02/27836 08/30/2002<br>and is a CIP of PCT/US01/27692 09/07/2001<br>which claims benefit of 60/231,266 09/08/2000   |   |                                   |  |                                      |
| <b>** FOREIGN APPLICATIONS *****</b>  |   |                                   |  |                                      |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b><br>** 04/02/2004   |   |                                   |  |                                      |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature Initials |   | <b>STATE OR<br/>COUNTRY</b><br>TX | <b>SHEETS<br/>DRAWING</b><br>7   | <b>TOTAL<br/>CLAIMS</b><br>63        |
| <b>INDEPENDENT<br/>CLAIMS</b><br>7  |   |                                   |  |                                      |
| <b>ADDRESS</b><br>David L. Parker<br>Fulbright & Jaworski L.L.P.<br>Suite 2400<br>600 Congress Ave.<br>Austin, TX78701  |   |                                   |  |                                      |
| <b>TITLE</b><br>AMINOPEPTIDASE A (APA) TARGETING PEPTIDES FOR THE TREATMENT OF CANCER   |   |                                   |  |                                      |
| <b>FILING FEE<br/>RECEIVED</b><br>1009  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                      |

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